

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

STATEMENT OF ORGANIZATION FO	RM FOR CANDIDATE COMMITTEES
1. Committee ID #:	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and chartes this box, the filing requirement of the post and appropriate the committee does
2. Type of Filing: Original	and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
Amendment to Items: Eff. Date:	11. Name and Address of Depositories or Intended Depositories
3. Full Name of Committee (must include Candidate's first	of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
and last name): CINDYLVEZINAU	a. Official Depository
4a. Candidate Full Name (Last, First, M.I.):	INSKIIS TO THE
Vezinau (in applicable):	LASAUE BANK - Rose
Democratic	
4c. County of Residence:	b. Secondary Depository
4d. Office Sought (Check one):	15. C
Governor Lt. Governor State Senator	of the state of th
State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee	12. This item applies only to Gubernatorial Candidate
WSU Gov. Supreme Court Appeals Court	Committees: Check if this committee intends to seek qualifying
Circuit Court District Court Probate Court	contributions or make qualifying expenditures.
Local or other please specify: County Comm	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and
4e. District/Circuit # or Jurisdiction: 2 4	does not apply to candidates that file with the County Clerk's office.
5. Date Committee was Formed: 4-11-06	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the
6a. Committee Phone #: 586-294-4992	preceding calendar year OR expects to receive or spend \$20,000
6b. Committee Fax #: 293-1300	in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address:	
7a. Complete Comm. Mailing Address (May be PO Box):	** OR **
33816 Jetterson MI	Committee did not spend or receive or does not expect to spend
St. Claur Shoves MI 48082	or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May <i>not</i> be PO Box):	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are
Same	true, accurate and complete to the best of my/our knowledge or
SYNE	belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and
8. Treasurer Name and Complete Address:	completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the
Cindy L. Vezinau	preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and
	complete to the best of my/our knowledge or belief. (Sign Name
Phone #: 586294 4992	and Date)
	Candidate: () Md
9. Designated Record Keeper Name and Complete Address:	
	Current Treasurer:
5ame	
	Designated Record Keeper (Required only if filing electronically):
Phone #: E-mail Address:	

CFR101 CAN SO.doc REV 11/05: Authority granted under Act 388 of 1976, as amended